1 2

> 3 4

> > 5

6 7

8 9

10

11 12

13 14

15

16

17 18

19 20

21

22

23

24

25

26

27

28

FILED

MAY - 9 2008

RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

VINCENT ROSENBALM Plaintiff.

Defendant.

CASE NO.

PRISONER'S

JUDGE SUSAN ILLS+ON APPLICATION TO PROCEED IN FORMA PAUPERIS UNITED STATES DISTRICT COURT

I. VINCENT ROSENDAUMeclare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Are you presently employed? Yes No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Approx \$80-100 MONHA Net: Approx \$80-100 month Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEJOHIGHWAY

RMW

(PR

]	If the answer is "no," state the date of last employment and the amount of the gross and net								
2	salary and wages per month which you received. (If you are imprisoned, specify the last								
3	place of employment prior to imprisonment.)								
4									
5									
6									
7	2. Have you received, within the past twelve (12) months, any money from any of the								
8	following sources:								
9	a. Business, Profession or Yes V No								
10	self employment								
11	b. Income from stocks, bonds, Yes No								
12	or royalties?								
13	c. Rent payments? Yes No d. Pensions, annuities, or Yes No								
14	d. Pensions, annuities, or YesNo								
15	life insurance payments?								
16	e. Federal or State welfare payments, Yes No								
17	Social Security or other govern-								
18	ment source?								
19	If the answer is "yes" to any of the above, describe each source of money and state the amoun								
20	received from each.								
21	WELFARE HOSpital 1250 month								
22	\$325 AUTHOR HOUSE PUBLISHING BOOK 3. Are you married? Yes_No								
23	3. Are you married? Yes No								
24	Spouse's Full Name:								
25	Spouse's Place of Employment:								
26	Spouse's Monthly Salary, Wages or Income:								
27	Gross \$ Net \$								
28	4. a. List amount you contribute to your spouse's support;\$								
H									

Case 5:08-cv-02409-RMW

ALL ESTIMATES

1	b. List the persons other than your spouse who are dependent upon you for								
2	support and indicate how much you contribute toward their support. (NOTE:								
3	For minor children, list only their initials and ages. DO NOT INCLUDE								
4	THEIR NAMES.).								
5	JDR (17)								
6	NONE A+ DRESENT								
7	5. Do you own or are you buying a home? Yes No								
. 8	Estimated Market Value: \$ Amount of Mortgage: \$								
9	6. Do you own an automobile? (7) Yes V No								
10	Make SUBARU Year 1992, 1993 Model Legacy								
11	ls it financed? Yes No If so, Total due: \$								
12	Monthly Payment: \$								
13	7. Do you have a bank account? Yes No (Do not include account numbers.)								
14	Name(s) and address(es) of bank:								
15									
16	Present balance(s): \$								
17	Do you own any cash? Yes No Amount: \$ Approx \$35								
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated								
19	market value.) Yes <u>V</u> No								
20	Personal Property Estimate \$ 10-20,000								
21	8. What are your monthly expenses?								
22	Rent: \$ Utilities:								
23	Food: \$ Clothing:								
24	Charge Accounts:								
25	Name of Account Monthly Payment Total Owed on This Acct.								
26	<u> </u>								
27									
28	\$\$								

Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) SCHOOL LOANS Y > 5-10,000.00 Does the complaint which you are seeking to file raise claims that have been presented 10. in other lawsuits? Yes / No Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. CO8-2183 Sipr-U.S. District COURT SENT ONE to 9th CIRCUIT -NUMBER UNKNOWN I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court. I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims. DATE SIGNATURE OF APPLICANT

1	G Namahawa							
2	Case Number:							
3								
4								
5								
6	· _							
7								
8	CERTIFICATE OF FUNDS							
9	IN							
10	PRISONER'S ACCOUNT							
11								
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account							
13	statement showing transactions of Vincent Rosenbalm for the last six months							
14	Napa State 100 actal where (s) he is confined.							
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the							
16	most recent 6-month period were \$ <u>29.77</u> and the average balance in the prisoner's							
17	account each month for the most recent 6-month period was \$ 0.00.							
18								
19	Dated: 4-4-08 Zaura Harris STO							
20	[Authorized officer of the institution]							
21								
22								
23								
l l								
24								
25								
26								
27								
28								
- (1								

CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

4/4/2008 7:54:35AM

NAPA STATE HOSPITAL TRUST ACCOUNT / CASHIERS' SYSTEM II

Page 1 of 1

Patient Ledger Report

2069375 ROSENBALM, VINCENT

	TrongDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
	TransDate			cashlist v-314	\$5.00		\$0.00
1	10/22/2007	13-154338	Cash Disbursement	\$12.50 Receipts	7-11-1	\$12.50	\$12.50
2	10/24/2007	18-075321	AB1013 Funds	•	\$12.50	7 - '	\$0.00
3	10/29/2007	13-154384	Cash Disbursement	cl v337	J12.50	\$12.50	\$12.50
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts	\$12.50	Ψ12.30	\$0.00
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50	\$3.25	\$3.25
6	12/03/2007	16-75436	CK-AUTHOR HOUSE	BLOOMINGTON IN		Φ2.23	ψ5.25
•			1663 LIBERTY DR	47403			
			STE 200			\$50.00	\$53.25
7	12/11/2007	16-75478	CCK-UNKNOWN	CCK-UNKNOWN		\$50.00	Ψ55.20
			SENDER	SENDER	\$33.25		\$20.00
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$10.00		\$10.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485			\$0.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00	e12 50	\$12.50
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts	010.50	\$12.50	\$0.00
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50	#10 £0	
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008		Cash Disbursement	cl v649	\$12.50		\$0.00
	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
15				cl v728	\$12.50		\$62.83
				CL V750	\$45.00		\$17.83
16 17	03/24/2008 03/24/2008 04/01/2008	13-155495	Cash Disbursement Cash Disbursement				\$62.83 \$17.83